



Virginia Department of Agriculture & Consumer Services
Office of Veterinary Services
P. O. Box 1163
Richmond, VA 23218
804-786-2483

EQUINE EVENT REPORT

(Equidae with Official EIA Test)

Send original form to appropriate Regional Office

___Wytheville ___Harrisonburg ___Lynchburg
250 Cassel Rd 116 Reservoir St 4832 Tyreeanna Rd
Wytheville 24382 Harrisonburg 22801 Lynchburg 24504

Event Name:

Event Date:

Event Location:

VDACS-DAIS Representative

I hereby certify that all equidae (horses, mules, etc.) assembled for this event and listed on this Equine Event Report were accompanied by an official negative test for Equine Infectious Anemia (EIA) conducted within 12 months prior to the date of this event, and that any equine denied entry have been reported on the accompanying Equine Denied Entry Form. **Any equine denied entry?**
___Yes ___No

Signature - Sale/Show Chairman/Manager

Address (City, State, Zip)

Entry No.	Name of Owner	Owner's Address	Equidae Name	Test Date	State	Laboratory Accession No.

EQUINE EVENT REPORT (VDACS-03028A)

Continuation She

[illegible]